

CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS



**LICENSED VOCATIONAL NURSE
Supplemental Application Examination**

Please read and follow these instructions carefully.

This examination will consist solely of the attached Supplemental Application questionnaire, which will be used to evaluate your qualifications as they relate to the *Licensed Vocational Nurse* classification. The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. Names of successful candidates will be merged onto the eligible list based on their final scores. The eligible list will be used by the California Department of Veterans Affairs to fill existing positions at the **Veterans Homes of California in Barstow, Lancaster, Ventura, and/or West Los Angeles.**

A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location(s) and time bases in which you are interested in working.

The instructions below should be read carefully and understood before completing this examination. Failure to do so may result in an inability to process your Supplemental Application Questionnaire and disqualification from this examination.

It is required that you personally complete this Supplemental Application Questionnaire accurately and without assistance. The information that you provide will be verified prior to employment. Providing false information on this supplemental application could result in removal from the examination process, removal from the eligible list, loss of State employment, and/or loss of the right to compete in any future State examinations. Please read and sign the affirmation below:

This Affirmation must be completed

The law requires that all State civil service examinations to be confidential and impartial and provides legal remedies to be taken against persons impairing the fairness of the testing procedure. Discussing or providing information to other competitors or interested persons about the questions or procedures of this examination is a violation that may result in cancellation of the candidacy of any competitor or the entire examination.

As a participant, I hereby certify that I will maintain the confidentiality of this examination and that the information provided by me on this questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I understand that if it is discovered that I have made any false representations, I will be removed from the eligible list resulting from this examination and may not be allowed to compete in future examinations for State employment. If already hired from the result of this examination, I may have adverse action taken against me, which could result in dismissal.

SIGNATURE _____ DATE: _____

NAME (PRINTED): _____

Mail your completed Supplemental Application Questionnaire **and** a Standard State Application Form STD 678 to the address listed on Page 2. You may download a copy of the Form STD 678 from the State Personnel Board's web site at: <http://jobs.ca.gov/OEC/jobs/stateapp.aspx>.

For Mailing Instructions, please see Page 2.

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MAILING INSTRUCTIONS: You cannot submit this Supplemental Application Questionnaire electronically. Your completed Supplemental Application Questionnaire **and** a Standard State Application Form (STD Form 678) must be mailed or filed in person to the following address:

California Department of Veterans Affairs
1227 O Street Room 404
Sacramento, CA 95814
Attn: LVN Exam

Be sure to enter your name on the space provided on EACH PAGE.
Make and keep a copy of the completed Supplemental Application for your records.
Your completed Supplemental Application **must** include your original signature.

For further filing instructions and/or other questions, please refer to the Examination Bulletin at www.jobs.ca.gov, or you may call the Department at (916) 653-2535.

SECTION I – MINIMUM QUALIFICATIONS

All candidates must meet the minimum qualifications before they will be admitted into this examination. Please ensure that your state application (STD Form 678) clearly indicates your education, experience, and licensure information needed to meet the minimum qualifications for this examination.

Minimum Qualifications: Possession of a valid, active license from the State of California to practice as a Licensed Vocational Nurse.

Please indicate if you have the following:

1. Do you possess a valid, active license from the State of California to practice as a Licensed Vocational Nurse?

☐ Yes

☐ No

License #: _____

SECTION II – JOB REQUIREMENTS

Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of these job requirements, it will be grounds for elimination from the examination process.

	YES	NO
2. Are you willing to abide by and adhere to the policies and procedures at the Veterans Home of California and the California Department of Veterans Affairs?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you willing to report to work on time and follow procedures for reporting absences?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you willing to maintain cooperative, professional, and effective interactions with employees, individuals served, and the public?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you willing to undergo annual health review?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you willing to keep current with the completion of all required training?	<input type="checkbox"/>	<input type="checkbox"/>

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SECTION III – WORK EXPERIENCE

INSTRUCTIONS: To respond appropriately to Questions 7 - 30, please check the corresponding box in each column that accurately reflects your work experience. (NOTE: You must check only one box for each item under “Years of Experience” and one box for each item under “Frequency”.)

Rating Scales:

Years of Experience

- I have not performed this task
- I have performed this task during training only
- I have performed this task after licensure for less than 1 year
- I have performed this task after licensure for at least 1 year but less than 3 years
- I have performed this task after licensure for 3 years or more

Frequency

- I have performed this task daily
- I have performed this task weekly
- I have performed this task monthly
- I have not performed this task

#	ITEM	Not performed	Performed during training only	Performed after licensure for less than 1 year	Performed after licensure for at least 1 year but less than 3 years	Performed after licensure for 3 years or more		Performed DAILY	Performed WEEKLY	Performed MONTHLY	Not performed
7.	Administer prescribed medications using the following routes: oral, nasogastric, subcutaneous, rectal, intramuscular, nebulizer, otic, and ophthalmic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Evaluate medication administration schedule to ensure proper absorption and monitor for side effects, vital signs, and patient behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Perform treatments and procedures including passages of nasogastric tubes, administration of enteral feedings, urinary catheterization, administration of enemas, and wound treatments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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10.	Maintain infection control by using standard and transmission-based precautions, hand hygiene, and personal protective equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Record and document patient information in medical record (e.g., vital signs, health, weight, response to medications, treatment plans).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Document significant changes in patient behavior and health status in patient's medical record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Report adverse reactions and/or significant changes in patient behavior or health status to medical provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Demonstrate competent and safe utilization of unit and hospital emergency care equipment (e.g., AED machine).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Participate as part of a treatment team with other disciplines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Use therapeutic nursing modalities and interventions to assist patients in regaining and improving their physical adaptive skills and decreasing maladaptive behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Motivate and assist patients to develop self-reliance in activities of daily living.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Report suspected patient abuse per regulatory requirements, adverse behavior, and/or potential for patient abuse by staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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19.	Perform rounds as requested with medical provider to review patient treatment programs and ensure optimal patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Monitor patient blood glucose levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Monitor patient urinary catheterization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Prepare patients for surgery and special treatments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Assist registered nurse with patient assessment upon admission, discharge, transfer, and/or death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Set up equipment for oxygen and suctioning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Obtain laboratory specimens (e.g., wound cultures, urine and stool samples, gastric).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Review patient documentation (e.g., consents, laboratory reports, charts).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Perform inventory on controlled drugs and emergency drug supplies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	Maintain medication refrigerator, medication room, and medication/treatment carts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	Dispose of bio-hazardous and hazardous waste.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	Act as team leader, overseeing the work of Certified Nursing Assistants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continue on next page

I CERTIFY THAT ALL ANSWERS ARE TRUE AND COMPLETE.

I UNDERSTAND THAT IF I DO NOT MEET THE LEGAL MINIMUM QUALIFICATIONS OR JOB REQUIREMENTS FOR THIS CLASSIFICATION, I MAY BE REMOVED FROM THE EXAMINATION OR MY NAME MAY BE WITHHELD FROM THE CERTIFICATION LIST.

SIGNATURE _____ DATE: _____

NAME (PRINTED): _____

By signing above, I hereby certify that all the information entered on this examination is true and complete to the best of my knowledge, and that if I have not met the legal minimum qualifications for this classification, I will be removed from the examination when this fact is determined. I understand that if this examination is not completed correctly, it will not be processed. I understand that I am responsible for the correctness of my responses in this examination.

SECTION IV – CONDITIONS OF EMPLOYMENT

If you are successful in the exam, your name will be placed on the active employment list and certified to fill vacancies according to the conditions you specify on this form.

Please choose the location(s) you are willing to work. You may choose more than one location; however if you are not planning to relocate or are not willing to travel to a distant job location, please do not select locations that are a long way from your residence.

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Barstow | <input type="checkbox"/> Lancaster |
| <input type="checkbox"/> Chula Vista | <input type="checkbox"/> Ventura |
| | <input type="checkbox"/> West Los Angeles |

Please choose the type(s) of appointment you will accept. You may choose one or more items.

- | | |
|---|--|
| <input type="checkbox"/> Permanent Full-Time | <input type="checkbox"/> Limited Term Full-Time |
| <input type="checkbox"/> Permanent Part-Time | <input type="checkbox"/> Limited Term Part-Time |
| <input type="checkbox"/> Permanent Intermittent | <input type="checkbox"/> Limited Term Intermittent |

**THIS COMPLETES THE SUPPLEMENTAL APPLICATION
SEE PAGES 1 AND 2 FOR PROPER RETURNING AND MAILING PROCEDURES**